



Medication Assisted Treatment

Tanya Hiser, MS, LPC

State Opioid Treatment Authority

Bureau Of Prevention, Treatment, & Recovery

State of Wisconsin

Elizabeth Collier, MSW, CSAC, ICS, LCSW

TANF Best Practice Coordinator

Community Access to Recovery Services

Milwaukee County Behavioral Health Division



The Scope of the Problem

- In 2013, the Federal Agency for Healthcare Research and Quality reported that nationally 5 out of 1000 babies are born with narcotics in their system
- Between 2000 and 2009, the incidence of NAS among newborns increased from 1.20 to 3.39 per 1000 hospital births per year.
- Between 2000 and 2009, antepartum maternal opiate use also increased from 1.19 to 5.63 per 1000 hospital births per year.
- Mean hospital charges for discharges with NAS increased from \$39,400 in 2000 to \$53,400 in 2009.
- By 2009, 77.6% of charges for NAS were attributed to state Medicaid programs

Patrick, Stephen W.; Schumacher, Robert E.; Benneyworth, Brian D.; Krans, Elizabeth E.; McAllister, Jennifer M.; and Davis, Matthew M., "Neonatal Abstinence Syndrome and Associated Health Care Expenditures: United States, 2000-2009," *Journal of the American Medical Association* (Chicago, IL: American Medical Association, April 30, 2012), Abstract.



The Scope of the Problem

- Of 1.1 million pregnant women enrolled in Medicaid nationally, nearly 23% filled an opioid prescription in 2007
- Illicit drug use is at 14.6% among pregnant teens and 8.6% among pregnant women aged 18-25 years

Increase in Prescription Opioid Use During Pregnancy Among Medicaid-Enrolled Women
Desai, Rishi J.; Hernandez-Diaz, Sonia; Bateman, Brian T.; *More Obstetrics & Gynecology*. 123(5):997-1002, May 2014.

Substance Abuse and Mental Health Administration. *Office of Applied Studies, Results From the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance



FDA Approved Medications to Treat Opioid Addiction

- **Methadone

- Subutex (buprenorphine)

Opioid partial agonist can produce typical opioid side effects such as euphoria and respiratory depression but less than full agonists like methadone and heroin. Carries a lower risk of abuse, addiction, and side effects compared to full opioid agonists

- Suboxone (buprenorphine/naloxone)

Buprenorphine and naloxone in a 4:1 ratio. Naloxone guards against misuse and blocks the receptor if opioid is used (death may still occur)

- Vivitrol (naloxone)

Blocks the effects of narcotics and alcohol; contraindicated for pregnant women



What is Methadone?

- Methadone is a schedule II narcotic used for the treatment of pain and opioid addiction
- Binds to the Mu receptor in the brain – stops withdrawal and cravings for opioids
- Can only be used to treat addiction at an Opioid Treatment Program (OTP) - 15 in Wisconsin
- Without proper monitoring, can be abused/addictive
- Withdrawal occurs when usage stops
- Proper dosing and titration is required to eliminate withdrawal symptoms
- **Is the current Standard of Care to treat opioid addicted pregnant women**

National Institutes of Health Consensus Development Panel, 1998



Clinical Consideration of Methadone Treatment During Pregnancy


- Potential Benefits with Prenatal Care and a Trained Physician
 - Greater baby birth weight
 - Reduced numbers of premature births, preeclampsia and fetal mortality
 - Reduced exposure to unknown chemicals from ‘cutting agents’
 - Reduced exposure to Hepatitis and HIV
 - Increased likelihood that baby will discharge to mother
 - Reduced use of illegal substances
 - Prevents erratic blood levels of drugs that put unborn through dangerous withdrawal



Clinical Consideration of Methadone Treatment During Pregnancy

- Potential Risks

- Fetal exposure to psychoactive substance
- Potential for neonatal withdrawal (NAS)
- Detoxification should NOT be attempted before the 14th week of pregnancy or after the 32nd week



What is Neonatal Abstinence Syndrome?

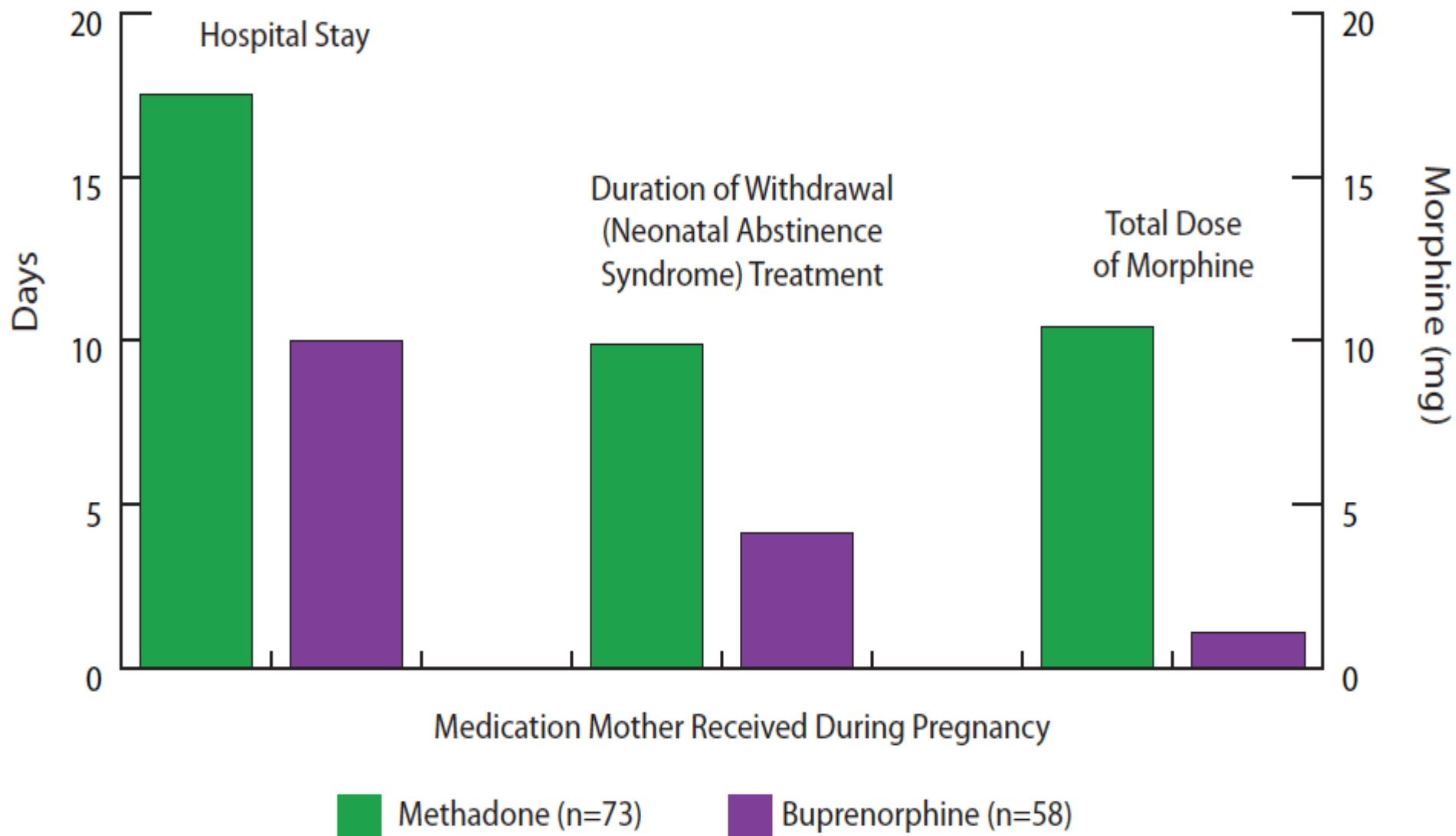
- NAS is a complex disorder exhibiting a constellation of behavioral and physiological signs and symptoms
- Results when an abrupt discontinuation of opioid analgesia occurs, usually after prolonged drug exposure
- Infants exposed prenatally to heroin or methadone have a high incidence of NAS
- Majority of symptoms are present within 72 hours after birth, but may be prolonged for up to 5 days



Maternal Opioid Treatment: Human Experimental Research or MOTHER

- Compared the use of buprenorphine and methadone in the context of comprehensive care in 131 opioid dependent pregnant women
- Found the use of buprenorphine was a safe and effective alternative to methadone
- Babies born to mother's using buprenorphine had milder symptoms of neonatal opioid withdrawal

Mothers' Buprenorphine Treatment During Pregnancy Benefits Infants



In Summary



- Majority of studies suggest no relationship between dose of methadone and severity of withdrawal
- Methadone appears to be a safer alternative for both mother and fetus, rather than lower doses or none at all
- MOTHER study demonstrated that opiate exposed infants through 2 years of age function well within the normal range of development and that children between 2-5 do not differ in cognitive function from a high-risk populations

Exposure to Opiates: Behavioral Outcomes in Preschool and School Age Children, Karol Kaltenbach, NIDA Monograph 164 pgs 230-2

Milwaukee County

Milwaukee Wiser Choice

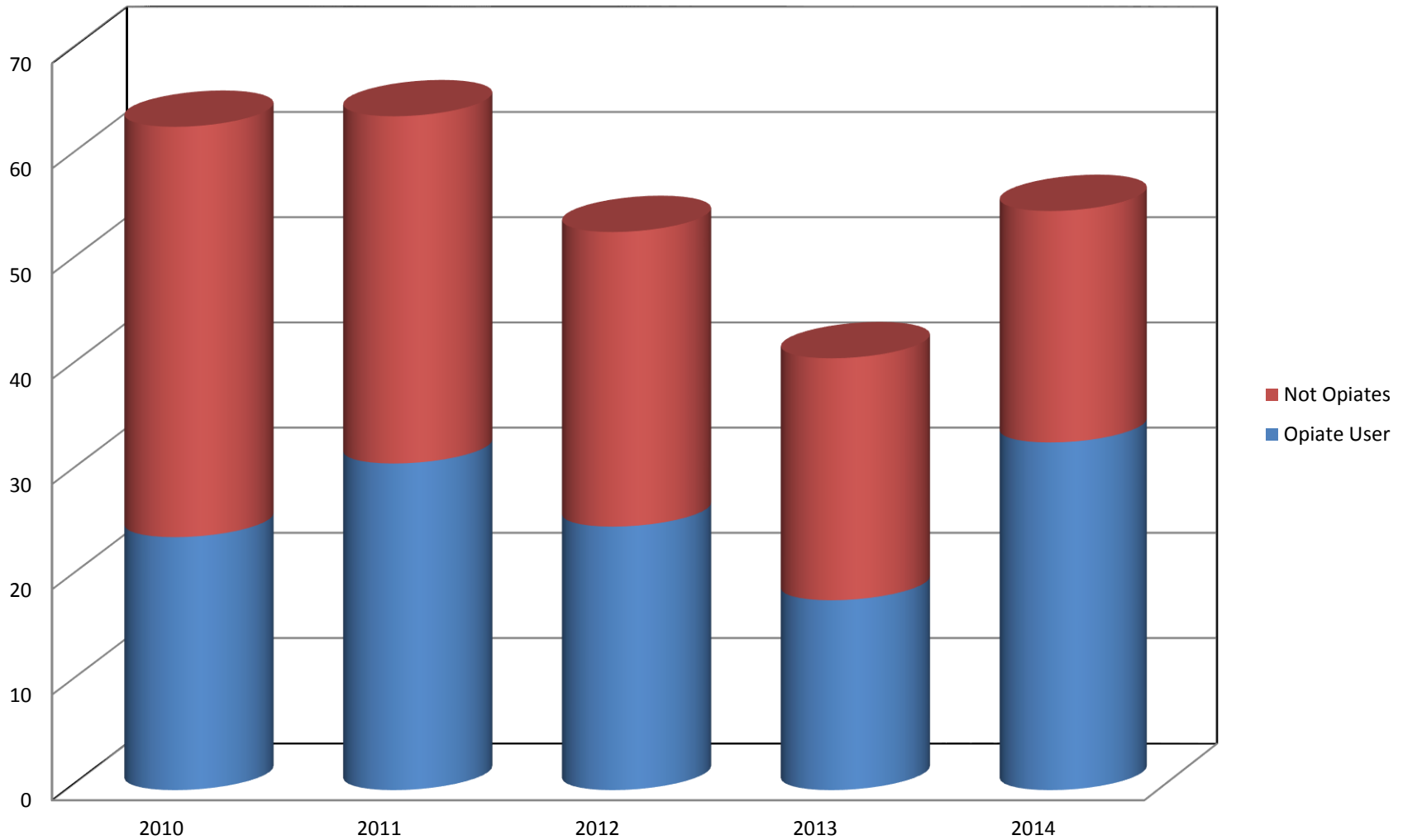
Intakes of Pregnant Women, number and proportion opiate users, 2010-2014

Opiate Use	2010	2011	2012	2013	2014	Five Year
Yes	24	31	25	18	33	131
No	39	33	28	23	22	145
All Pregnant	63	64	53	41	55	276

Opiate Use	2010	2011	2012	2013	2014	Five Year
Yes	38.1%	48.4%	47.2%	43.9%	60.0%	47.5%
No	61.9%	51.6%	52.8%	56.1%	40.0%	52.5%

Milwaukee County

Intakes of Pregnant Women





Milwaukee County MAT

- Currently 3 OTP's in Milwaukee County: CRC-10th Street, CRC-River Shores, and Quality Addiction Management
- There are 40 (+) Suboxone/Subutex prescribers listed*
- There are 10 (+) Vivitrol prescribers listed*



Gaps and Barriers

- Apprehension about presenting to a Central Intake Unit (CIU) to be screened for services
- Lack of childcare resources available during CIU visits
- Lack of Suboxone/Subutex providers in Milwaukee County
- Not aware of different MAT options (if not already on Methadone)



Opportunities

- Parent peers connecting women with the CIU's (pilot program started with MHA)
- Parent peers assisting with childcare during screening
- Targeted outreach to community providers that may be interested in providing Suboxone/Subutex
- Increasing community education regarding MAT

The End



Tanya Hiser

State Opioid Treatment Authority

Tanya.hiser@wisconsin.gov

608-267-7707

Elizabeth Collier

TANF Best Practice Coordinator

Elizabeth.Collier@milwaukeecountywi.gov

(414) 257-7436



Questions